



# American Dental Hygienists' Association

*Division of Member Services*

444 North Michigan Avenue, Suite 3400, Chicago, IL 60611  
 (800) 243-2342 • (312) 440-8900 • (312) 467-1806 Fax • www.adha.org

## Member Information

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ Daytime Phone (include area code) \_\_\_\_\_  
 City \_\_\_\_\_ State, Zip \_\_\_\_\_ Evening Phone (include area code) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(optional)*  
 Dental hygiene school attended : \_\_\_\_\_ State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
 Highest educational level attained:  Certificate  Associate  Baccalaureate  Master's  Doctorate  
 Circle Your Credential: RDH LDH Other: \_\_\_\_\_ Current License #: \_\_\_\_\_ State: \_\_\_\_\_

To qualify for Active membership, you must have been granted a license to practice. Applications received without a license number will not be processed.

## Membership Demographic Information

In an effort to learn more about ADHA members, we would appreciate your assistance with the following information:

Gender:  Female  Male Birth Date: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_  
 Hours worked per week in Dental Hygiene: \_\_\_\_\_  
 Primary Position (check one):  Clinician  Educator  Advocate  Researcher  Administrator/Manager  Other  
 State(s) in Which You Hold Current License(s): \_\_\_\_\_ License Number(s): \_\_\_\_\_ Year(s) Issued: \_\_\_\_\_

## Annual Dues:

ADHA	\$ 170.00
Constituent	\$ 50.00
Local component	\$ 6.00
Assessment (if applicable)	\$ _____
<b>Total</b>	<b>\$ 226.00</b>

Call 800/243-2342, press #1 for correct dues amount.

\$6.00 and \$5.00 of the annual ADHA membership dues are allocated for subscriptions to the Journal of Dental Hygiene and Access, respectively. Dues are not deductible as a charitable contribution for federal income tax purposes. They may be deducted as a business expense.

## Method of Payment

I am enclosing a check payable to ADHA for the amount of my annual dues. (see Total)  
 Please charge my annual dues to my credit card. (see Total)  VISA  MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

DUES ARE NONREFUNDABLE